**Track North Athletic Club — Registration Form**

**Instructions: Please complete in full and email to R. Moss at pedigest@cyberbeach.net**

**Athlete’s Name**

**Address**

**Postal Code**

**Email**

**Emergency Phone # and Name of Contact Person:**

**Health Card Number** (For emergencies - Optional):

**Date of birth:** / /

Month Day Year

**Age**

**School**

**Grade**

**Important Medical Facts (use back if needed)**

**Waiver:**

I (print name of parent or 17+ athlete)

accept for my child the risks involved in training and competing in track and field and declare my child to be physically fit to participate. I take responsibility to consult a physician if necessary. I also understand and accept that photos/videos of my child may be appear on social media platforms and photo storage sites such as Facebook or SmugMug or in media articles.   
If 18 or over, I accept these risks for myself.

**Signature of Parent/Guardian (if under 18)**

**Signature of Athlete (if 18 or over)**

**Date**: